

To: Tenley, Clancy[Tenley.Clancy@epa.gov]; Rayman, Jamie[Rayman.Jamie@epa.gov]
From: Vianu, Libby
Sent: Mon 8/17/2015 5:29:18 PM
Subject: FW: Gold King Mine

Clancy,

This is the ATSDR Health Consult that we did early in the response.

Libby Vianu
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From: Vianu, Libby
Sent: Tuesday, August 11, 2015 4:27 PM
To: Yogi, David; Harris-Bishop, Rusty; Hubbard, Secody
Cc: Knowles, Robert
Subject: FW: Gold King Mine

Good afternoon,

Is there an EPA Region 9 PIO POC for this response that ATSDR can coordinate with?

Please let me know if there is anything that ATSDR can do to assist.

For your information, I have attached an ATSDR Letter (email) Health Consultation prepared at request of San Juan Basin Health Department and sent out on August 10, 2015.

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From: Strausbaugh, Dan
Sent: Monday, August 10, 2015 9:48 AM
To: Knowles, Robert; Young, Patrick; Cassandra V Smith
Cc: Strausbaugh, Dan
Subject: FYI and for discussion during WBC: Attached ATSDR Letter (email) Health Consultation prepared at request of San Juan Basin Health Department over the weekend.

On August 7th 2015 the San Juan Basin Health Department (located in Durango, CO) (SJBHD) requested ATSDR provide "information for health care providers treating patients with exposure to the contaminated water along with general information for the public." On August 5th the mining waste from the Gold King Mine cleanup site was released into the Cement Creek that ran into the Animas River. The local sheriff closed the river for all recreational uses and notifications went to any water systems downstream to close their water intakes. ATSDR reviewed the water sampling results submitted by EPA on August 7, 2015. The samples were collected on August 5 and 6 at six locations along the river. The result indicate a downward trend over time as plume migrates downstream.

For this incident, comparison values represent a concentration of a substance in the environment below which most people would not be expected to experience any harm. Concentrations above comparison values are an indicator that further review and

assessment is necessary. Comparison values do not predict adverse health effects, nor should they be used for setting clean-up levels.

If toxicity were a room, comparison values would be the “floor”. Health effects would not be expected until you reach the “ceiling”. The “height” of the room would be the uncertainty factor listed for each substance in these tables. CDC/ATSDR uses the highest quality data available to assess the health implications of environmental data. Common sources include:

- ATSDR’s Minimal Risk Levels;
- EPA’s Reference Doses and Reference Concentrations;
- Acute Exposure Guideline Levels developed by a consortium of professional organizations including ATSDR, EPA, the Occupational Safety and Health Administration (OSHA), and the National Institute for Occupational Safety and Health (NIOSH);
- Regulatory standards and guidelines developed by recognized organizations [e.g., EPA, the U.S. Food and Drug Administration (FDA), World Health Organizations (WHO), National Academy of Sciences (NAS,)]; and
- Staff reviews of general toxicological information for those substances for which such standards and guidance values are not readily available. Preference will be given to high quality human data over animal data whenever possible.

In some cases, site-specific recommendations for similar contaminants from other sites or spills may be used as the comparison value. Many of these values are given in doses of mass of contaminant per body weight, usually milligram or microgram of pollutant per kilogram of body weight. CDC/ATSDR converts these doses to environmental concentrations commonly referred to as Environmental Media Evaluation Guides (EMEG) using the following assumptions.

- EMEGs are environmental concentration in air, soil, or water below which no adverse non-cancer health effects are expected to occur.
- EMEGs are derived from ATSDR’s Minimal Risk Level (MRL), and are expressed for short term or acute exposure durations (up to 14 days), mid-term or intermediate exposure durations (up to a year), and long-term or chronic exposure durations (anything over a year).
- EMEGs are used in selecting environmental contaminants for further evaluation.

CDC/ATSDR refers to comparable comparison values derived from EPA reference doses or concentrations as RMEGs.

EMEG values can be given as a range of values that span the exposure potential for different segments of the population. RMEG values are generally assumed to be lifetime exposures.

For water, EMEGs are calculated from MRLs as:

$$\text{EMEG}_{\text{water}} (\mu\text{g/L}) = \frac{(\text{MRL (mg/kg/day)} * \text{Body Weight (kg)})}{\text{Ingestion Rate (L/day)}}$$

EMEGs are calculated with the following assumptions:

	Body Weight	Water Ingestion	Soil Intake
Adult	70 kg	2 l/day	100 mg/day
Child	10 kg	1 l/day	200 mg/day
Pica	10 kg	1 l/day	5000 mg/day

The data cited below by sampling site show levels that exceeded the screening levels.

- Site 32nd Street Bridge showed elevated levels of Calcium at 52,200 ug/l dropping to 51,400 ug/l , Magnesium at 7,280 ug/l dropping to 7,120 ug/l , and Sodium at 7,280 ug/ dropping to 7,120 ug/l and a pH reading of 7.4 – 7.09.

- Site A68 showed elevated levels of Calcium at 37,200 ug/l dropping to 36,900 ug/l , Magnesium slightly elevate at 817 ug/l , and Sodium at 1,740 ug/ dropping to 1,720 ug/l and a pH reading of 6.6 – 6.4

- Site A72 showed elevated levels of Calcium at 461,000 ug/l, Magnesium at 6,650 ug/l dropping to 1,160ug/l, and Sodium at 2,600 ug/ dropping to 2,310 ug/l and a pH reading of 4.8 – 6.4. Also elevated levels of Cadmium at 5.3 ug/l dropping to 0.34 ug/l , Copper at 189 ug/l dropping to 1.9 ug/l, Iron 5,840 ug/l dropping to 1,980 ug/l , Lead at 50.7 ug/l dropping to 0.2 ug/l , Zinc at 420 ug/l dropping to 609 ug/l.

- Site Bakers Bridge showed elevated levels of Calcium at 46,500 ug/l dropping to 32,600 ug/l, Magnesium at 2,090 ug/l dropping to 296 ug/l, and Sodium at 1,960 ug/l dropping to 1,790 ug/l and a pH reading of 5.6 – 7.6. Also elevated levels of Cadmium at 15.2 ug/l dropping to 2.1 ug/l, Copper at 2,260 ug/l dropping to 7.6 ug/l.

- Site CC48 showed elevated levels of Calcium at 190,000 ug/l dropping to 156,000 ug/l, Magnesium at 10,900 ug/l dropping to 6,720 ug/l, and Sodium at 3,930 ug/l dropping to 3,690 ug/l and a pH reading of 3.8 – 4.3. Also elevated levels of Cadmium at 30.6 ug/l dropping to 14.2 ug/l, Copper at 2,260 ug/l dropping to 786 ug/l, Iron at 27,000 ug/l dropping to 20,000 ug/l, Lead at 73.9 ug/l dropping to 30 ug/l, Zinc at 8,540 ug/l dropping to 4,650 ug/l.

- Site Cement Creek 14th St Bridge had only one sampling data set that showed elevated levels of Calcium at 190,000 ug/l, Magnesium at 37,100 ug/l, Sodium at 4,960 ug/l, Aluminum at 14.2 ug/l, Beryllium at 34.8 ug/l, Cadmium at 89.3 ug/l, Cobalt at 14.2 ug/l, Copper at 10,400 ug/l, Iron at 49,500 ug/l, Lead at 150 ug/l, Potassium at 6,630 ug/l and Zinc at 26,800 ug/l.

The downward trend continues for the sites sampled. Cement Creek 14th street Bridge, only had one sampling event, so a trend could not be developed. The Animas River is an open water source and not considered potable until it has been properly treated, with that said ATSDR expects that people are not drinking the water directly from the river. The sampling collection information identifies areas with an orange discoloration as the areas with lower pH and detected metals. It would be advisable to avoid areas with orange discoloration in the river water. ATSDR does not anticipate adverse health effects from exposure to the metals detected in the river water samples from skin contact or incidental (unintentional) ingestion.

Washing with soap and water after contact with the river water is a sound public health practice to minimize exposure to the metals, and also any bacteria that maybe present in the untreated river water. Anyone who feels illness as a result of exposure to metals or pathogenic organisms in the river water should contact their local health care provider.

ATSDR recommends that additional monitoring should be conducted until the river returns to pre-release levels. If local health care providers have questions they can contact the ATSDR Regional Office at 303-312-7013. ATSDR's Regional Office can arrange a consultation between the health care provider and ATSDR physician.

Additional information about exposure with metals at
<http://www.atsdr.cdc.gov/substances/index.asp>

ATSDR understands that the EPA is investigating the well water issue and remains available to assist with data interpretation upon request. ATSDR is a public health agency. SJBHD's request for ATSDR to also evaluate exposure concerns associated with livestock and other domestic animals is not within ATSDR's public health purview.

Attached is the sampling data set provided by EPA with the elevated metals highlighted for each sample location.

Prepared by

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DTHHS, ERP